FEC FORM 1

STATEMENT OF ORGANIZATION

FORM 1	(See instructions)	ZIN	
	(GGC INSTRUCTIONS)		Office use only
NAME OF COMMITTEE (in fi		ample: If typying, type er the lines	12FE4M5
Citizens Organ	ized Political Action Committee		
ADDRESS (number and si	1800 Avenue of the Stars		
	Suite ₁ 900		
(Check if addre is changed)	Los Angeles		CA 90067 - 1
COMMITTEE'S E-MAIL	CITY ADDRESS		STATE▲ ZIP CODE ▲
jkoeper@irell.c			
		11111111	
COMMITTEE'S WEB F	PAGE ADDRESS (URL)		
Citizens Orgar	nized Political Action Committee		
<u> </u>			
COMMITTEE'S FAX NI 3102825685			
0.2	22 2008		
3. FEC IDENTIFICAT	TION NUMBER C CO	0110585	
4. IS THIS STATEM	ENT NEW (N) OR	AMENDED (A)	
I certify that I have examin	ed this Statement and to the best of my knowledge a	and belief it is true, correct and	d complete
Type or Print Name of T	reasurer Marvin S. Shapiro, Esq		
Signature of Treasurer	Electronically Filed by Marvin S. Shapi	ro, Esq.	Date 0 2 7 2 8 7 2 0 0 8
NOTE: Submission of fals	se, erroneous, or incomplete information may subject		·
Office Use Only FE3AN042.PDF		For further information c Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100	

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5.	TYPE OF COM	MMITTEE (Check One)	
	(a)	This committee is a principal campaign committee. (Complete the candidate information below.)	
	(b)	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete information below.)	the candidate
	Name of Candidate		
	Candidate Party Affiliation	Office Sought: House Senate President	State District
	(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name of Candidate		
	(d)	This committee is a (National, State (or subordinate) committee of the	(Democratic, Republican,etc.) Party.
	(e)	This committee is a separate segregated fund	
		This committee supports/opposes more than one Federal candidate, and is NOT a separate segregate committee.	ed fund or party
6.	Name of Any	Connected Organization or Affiliated Committee	1
		<u> </u>	
	Mailing Addres	1	
		CITY▲ STATE ▲	ZIP CODE
	Relationship		
	Type of Conne	cted Organization:	
	Corpor	ration Corporation w/o Capital Stock Labor Organ	nization
	Memb	pership Organization Trade Association Cooperative	

FEC Form 1 (Revised 02/2003) Page 3 Write or Type Committee Name **Citizens Organized Political Action Committee** 7. Custodian of Records: Identify by name, address, (phone number -- optional), and position of the person in possession of Committee books and records. Full Name Mailing Address ZIP CODE A Title or Position ▼ CITY A STATE. Telephone number Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer). Full Name Marvin S. Shapiro, Esq. of Treasurer 1800 Avenue of the Stars Mailing Address Suite 900 90067 _ Los Angeles CA Title or Position ¥ CITY A **STATE** ZIP CODE A Telephone number Full Name of Designated Agent Mailing Address CITY A STATE A ZIP CODE A Title or Position ▼

Telephone number

	FEC Form	(Revised 02	2/2003	3)																										Pa	ge	4		
9.	Banks or Other I safety deposit box Name of Bank, De	es or maintai	ns fur	_ist a nds.	ll bai	nks	or o	ther	r de	pos	itor	ies	in v	vhi	ch t	the	COI	mm	nitte	e d	epo	sits	fur	nds,	ho	lds	aco	oui	nts,	, rei	nts			
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